CONSENT FORM FOR ADULTS

COVID-19 TESTING



l authorize	Name of Calculation	District	
personnel to randomly collect and test a nasal the CDC Reopening Schools screening testing and operate safely.		the presence of S	
The test being used is the Quidel QuickVue SA tests are designed to detect proteins from the my test results will be reported to the Oklahom release of any legally privileged and confidentiin accordance with applicable privacy protection (FERPA) and the Health Insurance Portabil	virus which causes C na State Department al records (e.g. educa on laws, including the	OVID-19 illness. I of Health as the ational and/or me a Family Education	understand that law requires. The dical records) will be
 Furthermore, I understand the potential risks Possible discomfort or other complications Possible false positive (test is positive but I of have the infection) or inconclusive test result 	that can happen dur do not have the infec	ing sample collec	
 Potential benefits include: The result, along with other information, care. The result of this test may help limit the spr and the school community. 			
 Notification of test result: A negative test result will be communicated A positive test result will be communicated 			
School Name			
school Name			
First Name	Last Name		Date of Birth
NFORMATION FOR TEST RESULTS:			
Address	Apt.	City	Zip code

Email

Cell Number

Signature

Date